

06-29-01

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Please type a plus sign (+) inside this box [+]

PTO/SB/05 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

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06/27/01
JC839 U.S. PTO

JC986 U.S. PTO
09/894189
06/27/01

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 004524.P020

First Named Inventor Ronald D. Stieger

Title: OPTICAL COMMUNICATION SYSTEM WITH VARIABLE ERROR CORRECTION CODING

Express Mail Label No. EL429890180US

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, D. C. 20231

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. X **Fee Transmittal Form (e.g., PTO/SB/17)**
(Submit an original, and a duplicate for fee processing)
2. **Applicant Claims Small Entity Status. (37 CFR 1.27)**
3. X **Specification (Total Pages 31)**
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference sequence listing, a table,
or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. X **Drawings(s) (35 USC 113) (Total Sheets 6)**
5. X **Oath or Declaration (Total Pages 5)**
 - a. X Newly Executed (Original or Copy)
 - b. Copy from a Prior Application (37 CFR 1.63(d))
(for Continuation/Divisional with Box 17 completed)
 - i. DELETIONS OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
 - c. Unsigned.
6. **Application Data Sheet. (37 CFR 1.76)**
7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statement verifying identity of above copies

Cognitive Function		Mood		Quality of Life		Social Function		Physical Function	
Pre-Intervention	Post-Intervention	Pre-Intervention	Post-Intervention	Pre-Intervention	Post-Intervention	Pre-Intervention	Post-Intervention	Pre-Intervention	Post-Intervention
10.5	11.2	1.2	1.5	2.1	2.8	3.4	3.9	4.5	5.1
11.8	12.5	1.5	1.8	2.4	3.1	3.7	4.2	4.8	5.4
12.1	12.8	1.6	1.9	2.5	3.2	3.8	4.3	4.9	5.5
12.3	13.0	1.7	2.0	2.6	3.3	3.9	4.4	5.0	5.6
12.5	13.2	1.8	2.1	2.7	3.4	4.0	4.5	5.1	5.7
12.7	13.4	1.9	2.2	2.8	3.5	4.1	4.6	5.2	5.8
12.9	13.6	2.0	2.3	2.9	3.6	4.2	4.7	5.3	5.9
13.1	13.8	2.1	2.4	3.0	3.7	4.3	4.8	5.4	6.0
13.3	14.0	2.2	2.5	3.1	3.8	4.4	4.9	5.5	6.1
13.5	14.2	2.3	2.6	3.2	3.9	4.5	5.0	5.6	6.2
13.7	14.4	2.4	2.7	3.3	4.0	4.6	5.1	5.7	6.3
13.9	14.6	2.5	2.8	3.4	4.1	4.7	5.2	5.8	6.4
14.1	14.8	2.6	2.9	3.5	4.2	4.8	5.3	5.9	6.5
14.3	15.0	2.7	3.0	3.6	4.3	4.9	5.4	6.0	6.6
14.5	15.2	2.8	3.1	3.7	4.4	5.0	5.5	6.1	6.7
14.7	15.4	2.9	3.2	3.8	4.5	5.1	5.6	6.2	6.8
14.9	15.6	3.0	3.3	3.9	4.6	5.2	5.7	6.3	6.9
15.1	15.8	3.1	3.4	4.0	4.7	5.3	5.8	6.4	7.0
15.3	16.0	3.2	3.5	4.1	4.8	5.4	5.9	6.5	7.1
15.5	16.2	3.3	3.6	4.2	4.9	5.5	6.0	6.6	7.2
15.7	16.4	3.4	3.7	4.3	5.0	5.6	6.1	6.7	7.3
15.9	16.6	3.5	3.8	4.4	5.1	5.7	6.2	6.8	7.4
16.1	16.8	3.6	3.9	4.5	5.2	5.8	6.3	6.9	7.5
16.3	17.0	3.7	4.0	4.6	5.3	5.9	6.4	7.0	7.6
16.5	17.2	3.8	4.1	4.7	5.4	6.0	6.5	7.1	7.7
16.7	17.4	3.9	4.2	4.8	5.5	6.1	6.6	7.2	7.8
16.9	17.6	4.0	4.3	4.9	5.6	6.2	6.7	7.3	7.9
17.1	17.8	4.1	4.4	5.0	5.7	6.3	6.8	7.4	8.0
17.3	18.0	4.2	4.5	5.1	5.8	6.4	6.9	7.5	8.1
17.5	18.2	4.3	4.6	5.2	5.9	6.5	7.0	7.6	8.2
17.7	18.4	4.4	4.7	5.3	6.0	6.6	7.1	7.7	8.3
17.9	18.6	4.5	4.8	5.4	6.1	6.7	7.2	7.8	8.4
18.1	18.8	4.6	4.9	5.5	6.2	6.8	7.3	7.9	8.5
18.3	19.0	4.7	5.0	5.6	6.3	6.9	7.4	8.0	8.6
18.5	19.2	4.8	5.1	5.7	6.4	7.0	7.5	8.1	8.7
18.7	19.4	4.9	5.2	5.8	6.5	7.1	7.6	8.2	8.8
18.9	19.6	5.0	5.3	5.9	6.6	7.2	7.7	8.3	8.9
19.1	19.8	5.1	5.4	6.0	6.7	7.3	7.8	8.4	9.0
19.3	20.0	5.2	5.5	6.1	6.8	7.4	7.9	8.5	9.1
19.5	20.2	5.3	5.6	6.2					

- 17A. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:**

(which is a continuation/ divisional/ CIP of prior application no. ;
which is a continuation/ divisional/ CIP of prior application no.) (List entire chain of priority)

17B. Statement under 37 CFR 3.73(b) for continuing application:

18. Correspondence Address

X	Correspondence Address Below
----------	------------------------------

Country U.S.A. TELEPHONE (425) 827-8600 FAX (425) 827-5644

- 2 -

FEE TRANSMITTAL FOR FY 2001**TOTAL AMOUNT OF PAYMENT (\$)** \$1,342.00**Complete if Known:**Application No. Not yet assignedFiling Date HerewithFirst Named Inventor Ronald D. Stieger

Group Art Unit _____

Examiner Name _____

Attorney Docket No. 004524.P020**METHOD OF PAYMENT (check one)**

- 1.
- ☒
- [X] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666

Deposit Account Name _____

☒ [X] Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- 2.
- ☒
- X Payment Enclosed:

☒ X Check☐ Money Order☐ Other**FEE CALCULATION**1. **BASIC FILING FEE**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	710	201	355	Utility application filing fee	<u>\$710.00</u>
106	320	206	160	Design application filing fee	_____
107	490	207	245	Plant filing fee	_____
108	710	208	355	Reissue filing fee	_____
114	150	214	75	Provisional application filing fee	_____
SUBTOTAL (1)					<u>\$ 710.00</u>

2. **EXTRA CLAIM FEES**

		<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fee Paid</u>
Total Claims	<u>44</u>	- 20** = <u>24</u>	X <u>\$18.00</u>	= <u>\$432.00</u>
Independent Claims	<u>5</u>	- 3** = <u>2</u>	X <u>\$80.00</u>	= <u>\$160.00</u>
Multiple Dependent				= _____

**Or number previously paid, if greater; For Reissues, see below.

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 592.00

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for response within first month	
116	390	216	195	Extension for response within second month	
117	890	217	445	Extension for response within third month	
118	1,390	218	695	Extension for response within fourth month	
128	1,890	228	945	Extension for response within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive unavoidably abandoned application or unavoidably delayed payment of issue fee	
141	1,240	241	620	Petition to revive unintentionally abandoned application or unintentionally delayed payment of issue fee	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	\$40.00
146	710	246	355	For filing a submission after final rejection (see 37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (see 37 CFR 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify) _____					
Other fee (specify) _____					

SUBTOTAL (3) \$ 40.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:Typed or Printed Name: Lawrence E. LyckeSignature: *Lawrence E. Lycke*Date: June 27, 2001Reg. Number: 38,540Telephone Number: (425) 827-8600

Our Reference: 004524.P020

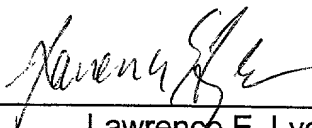
Patent

OPTICAL COMMUNICATION SYSTEM WITH VARIABLE ERROR CORRECTION
CODING

Inventors: Ronald D. Stieger

Respectfully submitted,

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP



Lawrence E. Lycke
Reg. No. 38,540

"Express Mail" mailing label number: EL429890180US

Date of Deposit: June 27, 2001

I hereby certify that I am causing this paper or fee to be deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated above and that this paper or fee has been addressed to the Assistant Commissioner for Patents, Washington, D. C. 20231

Jenny E. Miller

(Typed or printed name of person mailing paper or fee)

Jenny E. Miller 6-27-01
(Signature of person mailing paper or fee) (Date signed)

Serial/Patent No.: Not yet assigned Filing/Issue Date: Herewith
Client: Terabeam Corporation
Title: OPTICAL COMMUNICATION SYSTEM WITH VARIABLE ERROR CORRECTION CODING

BSTZ File No.: 004524.P020 Atty/Secty Initials: LEL/jem
Date Mailed: June 27, 2001 Docket Due Date: _____

The following has been received in the U.S. Patent & Trademark Office on the date stamped hereon:

- | | | |
|--|--|---|
| <input type="checkbox"/> Amendment/Response (____ pgs.) | <input checked="" type="checkbox"/> Express Mail No.: EL429890180US | <input checked="" type="checkbox"/> Check No. 1378 |
| <input type="checkbox"/> Appeal Brief (____ pgs.) (in triplicate) | <input type="checkbox"/> _____ Month(s) Extension of Time | Amt: \$1,342.00 |
| <input checked="" type="checkbox"/> Application - Utility (31 pgs., with cover and abstract) | <input type="checkbox"/> Information Disclosure Statement & PTO 1449 (____ pgs.) | <input type="checkbox"/> Check No. _____ |
| <input type="checkbox"/> Application - Rule 1.53(b) Continuation (____ pgs.) | <input type="checkbox"/> Issue Fee Transmittal | Amt: _____ |
| <input type="checkbox"/> Application - Rule 1.53(b) Divisional (____ pgs.) | <input type="checkbox"/> Notice of Appeal | |
| <input type="checkbox"/> Application - Rule 1.53(b) CIP (____ pgs.) | <input type="checkbox"/> Petition for Extension of Time | |
| <input type="checkbox"/> Application - Rule 1.53(d) CPA Transmittal (____ pgs.) | <input type="checkbox"/> Petition for _____ | |
| <input type="checkbox"/> Application - Design (____ pgs.) | <input checked="" type="checkbox"/> Postcard | |
| <input type="checkbox"/> Application - PCT (____ pgs.) | <input type="checkbox"/> Power of Attorney (____ pgs.) | |
| <input type="checkbox"/> Application - Provisional (____ pgs.) | <input type="checkbox"/> Preliminary Amendment (____ pgs.) | |
| <input checked="" type="checkbox"/> Assignment and Cover Sheet | <input type="checkbox"/> Reply Brief (____ pgs.) | |
| <input checked="" type="checkbox"/> Certificate of Mailing | <input type="checkbox"/> Response to Notice of Missing Parts | |
| <input checked="" type="checkbox"/> Declaration & POA (5 pgs.) | <input type="checkbox"/> Small Entity Declaration for Indep. Inventor/Small Business | |
| <input type="checkbox"/> Disclosure Docs & Orig & Copy of Inventor's Signed Letter (____ pgs.) | <input checked="" type="checkbox"/> Transmittal Letter, in duplicate 2 PAGES EACH | |
| <input checked="" type="checkbox"/> Drawings. 6 # of sheets includes 7 figures | <input checked="" type="checkbox"/> Fee Transmittal, in duplicate 2 PAGES EACH | |

☒ Other: Copy of return postcard with certificate of mailing all signed by attorney